

# ***INFECTIOUS DISEASE TRAINING REQUIREMENT*** **FOR EMERGENCY MEDICAL SERVICE PROVIDERS**

The Department of Health was charged with implementing the mandatory HIV/AIDS Education and Training as passed by the 1988 legislature's **Omnibus AIDS Bill (ESB 6211)**. Emergency Medical Care providers certified by the *Office of Emergency Medical Services & Trauma System* (First Responders, EMTs, IV Therapy and/or Airway Technicians, ILS Technicians and Paramedics) are affected in accordance with RCWs 18.71 and 18.73.

Beginning **January 1, 1989**, all emergency medical care providers in Washington State were required to provide proof of completion of training in infectious disease prevention, with special emphasis on the Human Immunodeficiency Virus and Hepatitis B. Effective **January 1998**, the curriculum manual "***Infectious Disease Prevention For EMS Providers***" (***Revised October 1997***) must be utilized. This curriculum is published by the Office of Emergency Medical Services and Trauma System and includes the following subjects:

- (I) **Overview of Rights and Responsibilities of the EMS Provider;**
- (II) **Overview of Infectious, Airborne, and Zoonotic Diseases;**
- (III) **Infection Control Standards**

If you are applying for reciprocity and have *not* completed the required education, the following methods are available to obtain the training:

Attend an infectious disease prevention lecture, utilizing the curriculum manual *Infectious Disease Prevention for EMS Providers* (Revised October 1997). These lectures are incorporated into the initial EMS training programs offered throughout Washington State. Arrangements can be made with the instructors to attend the lecture and obtain a certificate of attendance.

Attend a Department of Health 7-hour HIV/AIDS education program. Videotape programs of the 7-hour education program are acceptable for training only when a qualified instructor is available for discussion and questions.

**Correspondence courses and audiotapes of these programs are not approved for use.**

**ACCEPTABLE DOCUMENTATION OF COURSE COMPLETION:** Any course completion certificate submitted for review **must** indicate the successful completion of either *the Infectious Disease Prevention for EMS Providers* program, (*Revised October 1997*), or the *Department of Health, 7 hour HIV/AIDS Educational Program*. **Documentation that DOES NOT specify the name of one of these courses WILL NOT be honored.**

**This requirement is a prerequisite to certification in Washington State. Your application is not considered complete, and no certification examinations will be authorized, until this training requirement is met.**

For course information or any questions regarding this requirement, please contact the ***Education, Training and Regional Support Section*** at (360) 236-2840 or 1-800-458-5281, Extension #2.

This document may also be obtained from our web site at: <a href="http://www.doh.wa.gov/hsqa/emtp">www.doh.wa.gov/hsqa/emtp</a> (Click on the "Publications and Reports" link.)
--

**Department of Health**  
**Office of Emergency Medical Services & Trauma System**  
*Education, Training & Regional Support Section*

**VERIFICATION OF TRAINING**  
**FOR**  
**HIV/AIDS AND HEPATITIS B EDUCATION AND TRAINING**

---

**Applicant's Name**

---

**Phone Number**

---

**Title of Infectious Disease Prevention Program/Lecture Attended:**

---

**Location of the Program/Lecture**      **(Institution, City, State)**

---

**Date(s) Attended:**

---

**Length of Program/Lecture**  
**(Number of Hours)**

---

**Instructor's Name**      **(Please Print)**

---

**Phone Number**

---

**Instructor's Signature**

**Please list topics covered below:**

---

---

---

---

---

---

---

---

---

---